



ORGANIZATIONAL TUITION REIMBURSEMENT APPLICATION FY07

A complete application is required for consideration. Complete applications include this document and any required attachments. The guidelines for this program are:

- A. The Tuition Reimbursement program is designed to provide financial assistance in the form of partial tuition reimbursement for Virginia EMS providers who attend EMS certification programs that have not received funding from the Advanced Life Support Training Fund (ALSTF) program. Tuition reimbursement is awarded only for tuition expenses incurred by the applicant or their agent for which no other source of financial assistance is received. The applicant must request tuition reimbursement using forms designed by and submitted to the Virginia Office of EMS.
- B. Reimbursement will be awarded based upon tuition expenses up to the maximum amount defined in ALSTF program.
- C. Organizational request for tuition reimbursement for ALSTF supported programs
 - a. The EMS Agency must have provided financial support for a Virginia Certified EMS provider to attend an ALS Training program for which tuition is requested. (If the program was a paramedic program, the provider must have received Virginia Paramedic certification from that program.)
 - b. The applicant must determine and accurately report whether the certification program for which tuition is being requested received funds from the ALSTF program.
 - c. The EMS Agency can only submit for providers who are actively involved with a Virginia licensed EMS agency that is capable of delivering care at the level of certification for which the EMS Agency is seeking tuition reimbursement.



- d. The EMS agency must submit a completed Advanced Life Support Training Fund Organizational Tuition Reimbursement Application. Incomplete applications will be returned.
 - e. The application must be received by the Virginia Office of EMS within six (6) months of the provider(s) receiving Virginia Certification at the level for which the tuition reimbursement is sought. Applications not received within six-months will be returned and the request for reimbursement will be denied. Documents must be postmarked before the deadline in order to be accepted.
 - f. A separate application is required for each type of program tuition that is being requested. For example, do not group Paramedic and Intermediate applications together on one application.
 - g. The funding level for tuition reimbursement for programs that also received ALSTF dollars is determined by OEMS based upon the ALSTF tuition award formula for Course Sponsored programs.
 - h. All awards are subject to funding availability and are evaluated in the order received.
- D. Falsification of information will automatically nullify the tuition reimbursement request and any subsequent requests for a period of five (5) years. OEMS reserves the right to pursue appropriate legal action. Falsification of information discovered after tuition re-imbursement is awarded will require return of any awards and the possibility of appropriate legal action.

Division of Educational
Development

Advanced Life Support
Training Fund



Virginia Office of EMS
109 Governor Street
Suite UB-55
Richmond, Va 23219

(804) 864-7600
(800) 523-6019

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Type or print in black ink the requested information. If completing electronically, "tab" between fields to complete the application then print the form to add signatures. When completed, attach all required documentation and submit to:

ALS Training Funds
Virginia Department of Health
Office of Emergency Medical Services
109 Governor Street, Madison Bldg., Suite UB-55
Richmond VA 23219

Virginia EMS Agency Number:		Course Taken:	
Virginia EMS Agency Name:			
Applicant's Name:		Applicant's Title:	
Agency's Contact Information:			
Phone	Fax:	Email:	
()- - ext.	()- -		
Tuition Payment to:	Name of Agency		FIN
Mailing Address	Number, Street, APT	City	State Zip + 4 +
Course Information for which Tuition Reimbursement is being requested			
Did this program receive ALSTF Funding (This information obtained from Course Coordinator) <input type="checkbox"/> YES <input type="checkbox"/> NO			
	Course Coordinator		
Accreditation Number	Accredited Site Name		
All applications must have attached the following documents:			
	1) Copy of the EMS Certification Card for each provider tuition is being requested. 2) Letter listing each provider confirming agency affiliation on agency letterhead signed by the Agency's Chief Operation Officer (COO) including the COO's printed name and the agency's EMS License number. The letter must be dated. 3) Complete and attach the Financial Work Sheet. 4) Have each provider sign by their name on the Financial Work Sheet waiving their right for tuition reimbursement.		
By signing below, the applicant acknowledges that the information contained in this application is correct and truthful to the best of his or her knowledge. Falsification of information carries penalties which may affect this application as well as future financial assistance applications, EMS certification, and may lead to further legal action.			
Applicant's Signature		Date Application Signed	
OEMS use only: Date reviewed: ____ / ____ / ____ Disposition: <input type="checkbox"/> Denied <input type="checkbox"/> Approved Amount Approved: \$_____			
OEMS Control Number:			

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TUITION REIMBURSEMENT FINANCIAL DOCUMENT Organizational Form

OEMS CONTROL NUMBER:

COMPLETE THIS FORM AND SUBMIT WITH THE TUITION REIMBURSEMENT APPLICATION.

#	PROVIDER NAME	AMOUNT FUNDED	TUITION REQUESTED	WAIVER: BY MY SIGNATURE, I AFFIRM THAT I HAVE NOT RECEIVED ALS TRAINING FUNDS FOR THIS PROGRAM. I ALSO UNDERSTAND BY SIGNING THIS FORM, I FORFEIT ANY ABILITY TO REQUEST FINANCIAL SUPPORT FOR THIS SPECIFIC TRAINING PROGRAM THROUGH THE ALS TRAINING FUND PROGRAM.
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